

Attorney's Docket No.: H0678.70008US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hanjun LUO and Ruixin LU
Serial No.: 10/723,385
Confirmation No.: 8005
Filed: November 25, 2003
For: 802.1X PROTOCOL-BASED MULTICASTING CONTROL METHOD

Examiner: Emmanuel Lionel Moise
Art Unit: 2137

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

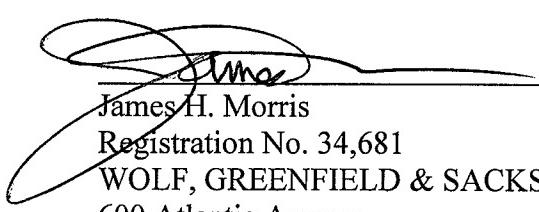
Sir:

CHANGE OF ATTORNEY DOCKET NUMBER

Please change the attorney docket number from 14565.0001US01 to H0678.70008US00.

Respectfully submitted,

Hanjun LUO and Ruixin LU, Applicants



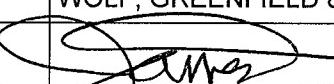
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Docket No.: H0678.70008US00
Dated: June 1, 2007

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TRANSMITTAL FORM		Application Number 10/723,385-Conf. #8005
(to be used for all correspondence after initial filing)		Filing Date November 25, 2003
		First Named Inventor Hanjun Luo
		Art Unit 2137
		Examiner Name E. L. Moise
		Attorney Docket Number H0678.70008US00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 3.73(b); Change of Attorney Docket No.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	WOLF, GREENFIELD & SACKS, P.C.
Signature	
Printed name	James H. Morris
Date	June 1, 2007
	Reg. No. 34,681